

Surber
11/22/4

10/691382

Serial #

0

TSS QAS REVIEW SHEET ver. 5

Issue Processing

| | |
|---------------|---------|
| Date reviewed | 11/22/4 |
| By | Surber |
| Initials | |
| Signature | |
| Comments | |

JACKET / ISSUE CLASSIFICATION SHEET

| | | | |
|---------------------------------|--------------------------------------|--------------------------|---------------------------|
| Primary Examiner box complete | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> n/a |
| Issuing Classification complete | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> n/a |

PTO 892/1449

| | | | |
|--------------------------------------------------------------------------------------|--------------------------------------|--------------------------|---------------------------|
| Examiner's initials or cross-through lines supplied for each item cited by applicant | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> n/a |
| Date(s) supplied/complete on all PTO 1449/892 sheets (Month and year required) | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> n/a |
| Brief description of drawings includes description of each figure in drawings | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> n/a |
| Continuing data mentioned in 1st paragraph (can be an insert) | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> n/a |

CLAIMS

| | | | |
|------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------|---------------------------|
| Claims listed on Notice of Allowability match allowed claims and/or index of claims | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> n/a |
| Claims correctly numbered in index. (No duplicate or missing claim numbers. And no incorrect dependencies) | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> n/a |
| One sheet of complete claims | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> n/a |

RAM FEES

| | Amount Actually Charged | Amount that Should Have Been Charged |
|-----------------------------------------------|-------------------------|--------------------------------------|
| <input type="checkbox"/> Examiner's amendment | | |
| Check box if applicable | | |

CRFE-COMPUTER READABLE FORM

| | | | |
|--------------------------------------------|---------------------------|--------------------------|--------------------------------------|
| If necessary (biological sequence listing) | <input type="radio"/> Yes | <input type="radio"/> No | <input checked="" type="radio"/> n/a |
|--------------------------------------------|---------------------------|--------------------------|--------------------------------------|

NOTICE OF ALLOWABILITY

| | | | |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------|---------------------------|
| If drawing is present, either Box No. 3 (drawings accepted) or Box No. 6 (corrected drawing request) has been checked | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> n/a |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------|---------------------------|

INITIALED BIB SHEET

| | | | |
|--------------------------------|--------------------------------------|--------------------------|---------------------------|
| Initialed Bib sheet is present | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> n/a |
|--------------------------------|--------------------------------------|--------------------------|---------------------------|

REVIEWER COMMENTS

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BEST AVAILABLE COPY